MICHIGAN
Immunization Update

Spring 2002 Vol. 9, No. 1

Children's Hospital of Michigan launches the Immunization Station

Medical assistants Kandace Escoe and Lashawn Gray (from left), and Betty Buck, R.N., do their part to keep the Immunization Station running smoothly.

The most recent National Immunization Survey conducted by the Centers for Disease Control and Prevention found that only 56 percent of the two-year-olds in Detroit during the year 2000 had received their needed vaccines. In 2001, a follow-up survey of parents in Detroit was conducted by the KIIDS (Kids Immunization Initiatives in Detroit and Southeast Michigan) coalition. The survey found that locations of clinics and lack of transportation were cited as major barriers to obtaining immunization services for their children. Working parents also noted difficulty getting to clinics during the day when they are working.

In an effort to better address the needs of Detroit families and reduce these barriers, a new immunization clinic opened at Children's Hospital of Michigan (CHM) in February. The Immunization Station, as the clinic was named, is a joint venture of the Michigan Department of Community Health and the Detroit Medical Center.

One nurse and two medical assistants currently staff the Immunization Station. They provide all needed vaccines for both patients and their siblings. The Immunization Station is open from noon to 7:00 pm on Mondays, Tuesdays and Thursdays, and noon to 3:00 pm on Saturdays.

"We feel fortunate to be able to provide a place for parents to bring their children when their doctor's office may be closed, when they are here at CHM for specialty visits, or come to urgent care and their immunizations are not up to date," said Carol Legwand, R.N., immunization coordinator at the hospital.

Children throughout the hospital system, especially at the time of discharge, are referred for services to the Immunization Station, which is conveniently located near the Emergency Department. When a child comes to the clinic, a complete immunization assessment is conducted. Immunization education is provided and vaccines are administered. The immunizations are then documented in the Michigan Childhood Immunization Registry and the parent receives a record.

"We are very excited about the opening of the Immunization Station," said Legwand. "We hope that this will make it possible for more of Detroit's children to be protected from vaccine preventable diseases."

Td booster deferred for the upcoming school year

For the 2002/03 school year, the booster dose of Td vaccine has been suspended due to a nationwide shortage of the vaccine. Physicians are encouraged to keep lists of people needing routine vaccination with Td to be recalled when the vaccine becomes available.

Small quantities of Td vaccine are now available to physicians through both the public and private sectors. Use of the vaccine remains restricted, though, according to CDC's interim recommendations issued on May 25, 2001. More information is available on the CDC website at www.cdc.gov/nip/

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John Engler, Governor
James K. Haveman, Jr., Director

Vaccine shortage update

The nationwide Td shortage is expected to continue through the summer and into the fall. This shortage has forced an extension of the suspension of the booster dose for school requirements in Michigan through the 2002-2003 school year. Small quantities of Td vaccine are now available to health care providers through the VFC programs and through direct purchase from the manufacturer. However, please note that CDC's interim recommendations, issued on May 25, 2001, restricting use of Td vaccine during shortages remain in effect.

Varicella vaccine shipments across the country also continue to be delayed for both the public and the private sector. The Advisory Committee on Immunization Practices (ACIP) issued a statement following its February meeting that delays routine immunization of children 12 to 18 months of age until 18 to 24 months of age. Practices experiencing more severe shortages may want to consider the following factors when deciding whom to vaccinate first:

1. Persons with asymptomatic HIV, persons with sickle cell anemia, children with impaired humoral immunity
2. Susceptible family members of immunocompromised persons
3. Individuals who have been exposed to the varicella virus up to five days post-exposure
4. Children older than 18 months in child-care settings
5. Susceptible adults

Providers should, of course, note that most immunocompromised individuals should not be vaccinated with varicella vaccine. The above considerations are not listed in order of priority, and application of them within a providers' practice can be expected to vary based on the client mix in the practice.

The Michigan Department of Community Health (MDCH) continues to closely monitor the supply of Varivax in both the public and private sectors. As of May 2002, shipments from Merck to providers were routinely delayed by about two months. Merck still projects, however, that Varivax supplies and shipments will be returning to normal in June. MDCH has **not** suspended school and day care requirements for varicella vaccination for the upcoming school year, but will continue to monitor the situation in order to let providers know at the earliest possible time should a change be necessary.

Given that public sector supplies of both DTaP and PCV7 are limited at this time, MDCH has been allocating the supply of both of these vaccines to local health departments for many months rather than allowing routine ordering. Local health departments are distributing these vaccines to physicians in private practice for use according to the interim recommendations from CDC and MDCH. For more information on these recommendations and other vaccine supply information, contact the immunization program at your local health department. Also, physicians who have been having difficulties obtaining DTaP through a distributor,

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Vaccine shortages

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may improve their chances of obtaining vaccine by ordering directly from one of the two companies that manufactures the vaccine.

Although DTaP remains in short supply in the public sector, reports from the field indicate that many practices in the private sector have been able to obtain an adequate supply of the vaccine. As recommended by CDC if supplies are not adequate, some states have been deferring the fourth and fifth doses of DTaP for many months. Michigan has not yet formally made that recommendation regarding the fourth or fifth doses of DTaP and has been urging providers to not lose any momentum in the state's campaign to immunize children if at all possible. Michigan is, however, on the edge of needing to delay the fourth dose in the series. If it is necessary, health care providers should delay the fourth dose in the series while making every effort to assure that children receive the dose routinely given at 4 to 6 years of age.

Public and private providers using VFC/MI-VFC vaccine should be administering PCV7 according to the recommendations that apply to a severe shortage. These recommendations are outlined in an MDCH announcement dated 12/21/01.

The Michigan Department of Community Health thanks you for your patience and hard work in dealing with the extra challenges created by these vaccine shortages. For the most up-to-date information available on vaccine shortages, please contact the immunization program at your local health department.

Recommended Childhood Immunization Schedule 2002

The Recommended United States Childhood Immunization Schedule for 2002 indicates the recommended ages for routine administration of currently licensed childhood vaccines for children through age 18 years (see page 19). The 2002 schedule, approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) does not make significant changes from the 2001 schedule. However, the 2002 schedule has a new format and adds influenza and pneumococcal immunization recommendations for high-risk children. The new design highlights the importance of catch-up vaccination, the pre-adolescent visit, a preference for administering the first dose of the hepatitis B vaccine series at birth, and three vaccines for selected at-risk groups. The 2002 schedule can be accessed at: www.cdc.gov/nip.

Hepatitis B vaccine

The 2002 schedule indicates a preference for administering the first dose of hepatitis B vaccine to all newborns soon after birth and before hospital discharge to minimize the risk for infection because of errors in maternal hepatitis B surface antigen (HBsAg) testing or reporting. Health professionals and hospitals are urged to protect all infants from hepatitis B virus (HBV) infection by administering the first dose of hepatitis B vaccine to every infant at birth and no later than hospital discharge.

A footnote on the schedule indicates a total of four doses of hepatitis B vaccine, including the birth dose, may be administered if a combination vaccine is used to complete the series; that is, the ACIP/AAP/AAFP do not consider the extra dose of hepatitis B vaccine received in such a series to pose any added risk of adverse reactions. The birth dose, however, must be monovalent hepatitis B vaccine.

Vaccines for selected populations

The area on the schedule below the interrupted line displays certain vaccines recommended for use in selected populations. High-risk children aged 24-59 months should receive catch-up pneumococcal conjugate vaccine (PCV) doses, if indicated. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups. The recommendation to administer influenza vaccine annually to high-risk children also appears on the schedule.

Free e-mail news service available

Immunization Action Coalition (IAC) Express

Send an e-mail message to: express@immunize.org, and type the word SUBSCRIBE in the subject line of your e-mail message.

MDCH clarifies VFC and MI-VFC programs' eligibility requirements

For the past decade, improving rates of childhood immunizations has been a primary goal of the Michigan Department of Community Health (MDCH). Efforts to achieve this goal have focused on a multi-faceted statewide education program, the nationally recognized Michigan Childhood Immunization Registry, and two federally-funded vaccine distribution programs known as the Vaccines for Children (VFC) program and the Michigan Vaccines for Children (MI-VFC) program. VFC and MI-VFC vaccines are administered to low-income children at more than 1,700 sites served by both public and private health care professionals. To be eligible to receive vaccines through the VFC program, a child must be enrolled in Medicaid, uninsured, an American Indian or an Alaskan Native, or under-insured and served at a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC). Michigan uses another source of federal funding to support the MI-VFC program which allows private providers to vaccinate children who are under-insured. Under-insured children have insurance that provides no coverage for childhood immunizations.

Insured children have never been eligible to receive vaccines through either VFC or MI-VFC. However, resources permitting, it has long been advocated that no opportunity to vaccinate a child should ever be missed. The rules have been stretched on occasion to meet this goal. Declining resources, ongoing nationwide shortages of vaccines, and the ever-increasing costs of vaccines no longer allow a liberal interpretation of the eligibility requirements for these programs. In order to assure that no child who qualifies for these programs is turned away because of a lack of funds to purchase vaccine, it is important that all children with insurance coverage for immunizations are vaccinated with privately purchased vaccine.

Insurance coverage that pays for any portion of a vaccination disqualifies a child for vaccine through either of the state's vaccine distribution programs. A child with insurance coverage that does not pay for any portion of the cost of a vaccination, at the time the child presents, is considered to be under-insured. The federal government requires that the VFC and MI-VFC programs serve only eligible children. This eligibility must be appropriately documented in the child's permanent medical record.

This policy clarification, which specifies that insured children should not be receiving VFC and MI-VFC vaccines, applies to both the public and private sectors. Private physicians who have not been immunizing their pediatric patients and who have been routinely referring those patients to the public sector for their vaccinations will need to consider how to meet the preventive care needs of their patients who are insured. It may be necessary for those physicians to carry a private stock of vaccines or to refer those patients to another physician who provides the required childhood immunizations.

Michigan has made great strides in immunizing its children through a strong and focused private and public partnership. The Michigan Department of Community Health is asking its partners across the state to continue this effort with a targeted approach that assures that all children receive needed vaccines and those with the least ability to pay for vaccines are vaccinated through the VFC programs. For further information on this policy clarification, please contact your local health department's immunization program.

Vaccines for Children

CDC/NIP website provides information on vaccine safety

Where can you look for answers when you get tough questions from parents about vaccine safety issues?

The CDC National Immunization Program website (www.cdc.gov/nip) provides information on vaccine safety and much more.

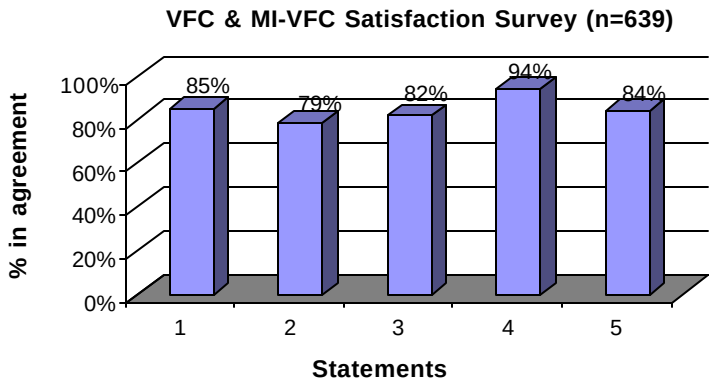
After you find the website's home page, click on the *Vaccine Safety* subheading, and you are on your way to up-to-date and reliable information to help you when parents ask you questions about vaccine safety.

What do Vaccines for Children providers think about the VFC and MI-VFC programs?

During the summer of 2001, a survey was conducted by the Michigan Department of Community Health (MDCH) to evaluate the extent to which health care professionals are satisfied with the Vaccines for Children (VFC) and Michigan Vaccines for Children (MI-VFC) programs. More than 45 percent of the more than 1,400 surveys that were mailed to private provider sites across the state were completed and returned. Analysis of the data showed that there were few variations between geographic regions. This is the first in a series of articles highlighting key findings from the satisfaction survey.

The survey tool was a one-page questionnaire with one open-ended question and 14 questions that asked respondents to rank the extent to which they agreed with a statement about the program. Responses to five of the questions are summarized in the accompanying graph. The graph shows the percentage of survey respondents that chose either "completely agree" or "agree" in response to each of the following statements.

1. The availability of VFC/MI-VFC vaccines has increased the number of children vaccinated in our practice
2. The VFC/MI-VFC programs have increased our practice's use of newer vaccines (e.g., conjugate pneumococcal, varicella, etc.)
3. For eligible children, the VFC/MI-VFC programs have helped to overcome the financial barrier to being immunized
4. VFC/MI-VFC information pertaining to enrollment is clear and easy to understand
5. VFC/MI-VFC patient eligibility screening has been easy to incorporate into our practice



Most respondents reported experiencing significant benefits related to the VFC/MI-VFC programs. One of the most important advantages is the providers' ability to vaccinate eligible children in their medical homes. The VFC/MI-VFC programs allow providers to vaccinate uninsured, underinsured, Medicaid-eligible, or Native American/Alaskan Native clients in their practice, using free vaccine. This can be expected to increase immunization rates because parents do not have to arrange for immunizations at another location. Eighty-five percent of respondents felt that the VFC/MI-VFC programs increased the number of children vaccinated in their practice. Another benefit of the VFC/MI-VFC programs is the availability of newer vaccines. As many as 79 percent of respondents felt that the VFC/MI-VFC programs increased their use of newer vaccines, such as the conjugate pneumococcal and varicella vaccines. In addition, most respondents felt the programs removed financial barriers that were limiting the number of children in their practices who were fully immunized.

Physicians' offices also reported that the VFC/MI-VFC programs are easy to use. To become a VFC/MI-VFC participant, a provider is required to complete an enrollment form and a patient profile which describes the practice's patient mix. An impressive 94 percent of respondents felt the enrollment process was clear and easy to understand. One of the basic requirements of VFC and MI-VFC is that the practice screens patients for eligibility. Eighty-four percent of participants felt it was easy to incorporate patient eligibility screening into their practices.

If your practice does not use VFC and MI-VFC vaccines, contact your local health department for more information about how you can participate in these programs. Childhood immunizations should be readily available for all of the children your practice sees. VFC and MI-VFC can help your practice to reach this goal.

MDCH immunization conferences scheduled to take place in October

The Michigan Department of Community Health (MDCH) Division of Communicable Disease and Immunization will once again host six regional immunization conferences in October.

Speakers will include representatives from the Michigan Department of Community Health, local health departments, and community providers.

Howard Weinblatt, M.D., is scheduled to speak at the conference in Ypsilanti. In addition to giving the Vaccine Update presentation, Dr. Weinblatt is also going to join the Troubleshooting Panel, where he, along with several other speakers on the panel, will answer immunization or vaccine-related questions from conference participants. Dr. Weinblatt, a pediatrician, is in private practice in Ann Arbor. In addition to numerous other boards and committees, Dr. Weinblatt is a member of the Michigan Advisory Committee on Immunization, and served as the chairperson from 1996 through 2001. Dr. Weinblatt is a peer educator for the Physician Peer Education Project on Immunization.

William Atkinson, M.D., M.P.H., is scheduled to speak at the conferences in Gaylord and Marquette, and Sharon Humiston, M.D., M.P.H., is scheduled to speak at the conferences in East Lansing and Kalamazoo. Dr. Atkinson and Dr. Humiston will give the Vaccine Update presentation, and also join the Troubleshooting Panel session.

Dr. Atkinson is a medical epidemiologist with the National Immunization Program at the Centers for Disease Control and Prevention (CDC). He is the principal writer and presenter for numerous national satellite broadcasts on vaccine-preventable diseases, as well as the author or co-author of 38 publications on vaccine-preventable diseases, including the *Epidemiology and Prevention of Vaccine-Preventable Diseases* textbook.

Dr. Humiston is a pediatrician, and also the author of *Vaccinating Your Child*, an immunization book for parents. From July 1997 until July 2000, Dr. Humiston worked with the National Immunization Program where she co-authored the *Epidemiology and Prevention of Vaccine-Preventable Diseases* textbook and educated health care providers through live satellite broadcasts. At the present time, she splits her work time between the University of Rochester and the National Immunization Program at CDC.

Conference brochures were scheduled to be mailed out at the end of May. Everyone who receives the Michigan Immunization Update newsletter should have already received a conference brochure. We encourage you to register early since space is limited. Because some conferences will fill up quickly, registration will be handled on a first-come, first-serve basis. If you have not received a brochure, call the Division of Communicable Disease and Immunization at 517-335-8159 to request one.

For registration details, see the conference brochure. For more information, call Rosemary Franklin at 517-335-9485 or Darcy Wildt at 517-335-9486.

Fall conference schedule

October 2

Treetops Conference Center, Gaylord

October 4

Northern Michigan University, Marquette

October 9

Michigan State University, East Lansing

October 11

Western Michigan University, Kalamazoo

October 29

M.S.U. Management Education Center, Troy

October 30

Eastern Michigan University, Ypsilanti

Smallpox: What every clinician should know

Smallpox disease was eradicated in 1977, but because smallpox virus could be used as an agent of bioterrorism, health-care providers should familiarize themselves with the disease and the vaccine that prevents it. On the program "Smallpox: What Every Clinician Should Know," specialists discuss methods designed to improve health-care providers' ability to recognize, diagnose, and report smallpox disease. The program may be viewed on the Internet or on videotape, and continuing education credits (CEU, CNE, CME, and CHES) are offered until the end of 2003.

Additional information and the archived webcast are available at: www.phppo.cdc.gov/phtn/1213smallpox.asp

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A videotape of the program is available from the Public Health Foundation, telephone 877-252-1200 (United States) or 301-645-7773 (International) from 9 a.m. to 5 p.m. EST, or e-mail info@phf.org. When requesting a videotape by e-mail, indicate "Smallpox: What Every Clinician Should Know" on the subject line.

ProMed Family Practice wins free legacy load

Contributed by Gail Emery, LPN, ProMed Family Practice-Woodbridge

Since becoming a registered Michigan Childhood Immunization Registry (MCIR) user in 1999, the ProMed Family Practice immunization team has focused its efforts on entering the vaccine legacy data of all children in our practice who are 0-19 years of age along with entering the vaccines that are currently being administered on a daily basis. (Vaccine legacy data is historical immunization data from 1998 through 2001.)

Through a computer-generated list of active patients, our team has been loading the vaccine legacy data into MCIR on an ongoing basis. It took a while, but we completed the 0-3 year-old and 3-5 year-old lists by the summer of 2001. At that point, we were facing the task of entering the data of our 6-19 year-old patients. Who would have guessed that something serendipitous was just around the corner?

In October, our immunization team attended the Michigan Regional Immunization Conference in Kalamazoo. We stopped by the MCIR exhibit and noticed that the Immunize by 2 Coalition was going to have a drawing; the lucky winner would receive a free legacy load (i.e., assistance in entering vaccine legacy data). Our immunization team thought, "Wow, what an opportunity!" and dropped our name in the basket. Toward the end of the conference, we were thrilled to learn that our name had been drawn. The opportunity was ours!

In December, Nicole Hindenach (Immunize by 2, Kalamazoo), Michelle Thorne and Dawn Holmquist (immunization staff members from the Kalamazoo County Human Services Department), and Karen McGettigan, (MCIR Region 2 coordinator) arrived at our office equipped to assist in entering our legacy data. Approximately 200 charts had been pulled ahead of time. Vaccine data from the charts were then entered into MCIR. We worked diligently to complete approximately 150 records and correct 44 records.

When we were all done, the percentage of 19-35 month-old children with complete immunization series rose from 76 percent to 85 percent.

We are very grateful to Immunize by 2, the Kalamazoo County Human Services Department, and MCIR Region 2 for all their help with this project. Thanks!

Nicole Hindenach and Michelle Thorne (from left) were part of the team who entered the legacy data into MCIR.

Upper Peninsula medical offices receive *Site of Excellence* awards

Julie Clark (center) of MCIR Region 6 presented Site of Excellence awards to staff members of Family Care Doctors and Pediatric Specialists.

Contributed by Julie L.Clark, Region Six MCIR Coordinator

Four medical offices were recognized by Region Six of the Michigan Childhood Immunization Registry (MCIR) during the regional immunization conference in Marquette on October 2. Family Care Doctors, Pediatric Specialists and Kurt W. Lehmann, M.D., all of Marquette, and the Ironwood office of the Grand View Clinic were each presented with a MCIR *Site of Excellence* award in recognition of their continued support and use of the MCIR immunization database.

"All four of these offices have shown extreme dedication and interest in accurate and timely childhood immunizations, and in the importance of sharing immunization data with other Upper Peninsula physicians," said Julie L. Clark, Region Six MCIR coordinator.

In determining recipients for the Region Six *Site of Excellence* awards, the Region Six MCIR staff looks at several key factors: 1) how often the office uses the MCIR database for determining a child's current immunization assessment level; 2) how frequently the office enters immunization data into MCIR and updates MCIR record information; 3) the office's support and collaboration with Region Six's de-duplication and clean-up policies and processes; and 4) the office's interest in analyzing and assessing their own clinical immunization levels to help achieve increased immunization levels for their office.

"The *Site of Excellence* award is a major accomplishment for our MCIR providers," said Clark. "We salute all of this year's recipients for a job well done!"

Exciting news about MCIR

As of January 2002:

- The Michigan Childhood Immunization Registry (MCIR) has 2,815 registered users. Of those 2,815 users, 2,137 are private provider sites; 475 are public providers; and 193 are schools, technical staff, and MCIR coordinators.
- There are 2.5 million children registered in MCIR.
- There are over 25 million shots recorded in MCIR.
- 73 percent of children birth through 5 years of age have two or more shots recorded in MCIR.
- 79 percent of children 19 to 35 months have two or more shots recorded in MCIR.

More MCIR news

MCIR website launched: www.MCIR.org

If you haven't visited the new Michigan Childhood Immunization Registry (MCIR) website, do so today. This user-friendly website has information for parents, providers and MCIR administrators. You can obtain manuals, software, and MCIR updates. Forms will also be available soon. Visit it today!

MDCH provides technical assistance for entering immunization data into MCIR

The Michigan Department of Community Health (MDCH) has now incorporated a data quality analysis of the immunization dose information abstracted from the patients' charts during the assessment process. At the conclusion of the immunization assessment process, the dose dates abstracted from patients' charts are entered into the Michigan Childhood Immunization Registry (MCIR) if they are not already in MCIR.

With permission from the provider, all immunization dose dates collected by the Michigan Department of Community Health AFIX staff during the assessment process are compared with the data in MCIR (an explanation of AFIX is provided at the end of this article). Any dates that are not found in MCIR will then be added to MCIR for the practice.

If you would like to have an immunization record assessment, with the data entered into MCIR for your practice, contact Stephanie Sanchez at 517-335-9011 or by e-mail at Sanchezs@michigan.gov.

What is AFIX?

AFIX is an acronym for a method designed to improve immunization rates when implemented.

Assessment of immunization coverage levels at the clinical or practice level

Feedback of information to providers and staff

Incentive, recognition for participation and increasing coverage levels

e**X**change of information to learn what strategies have worked

Region 2 now providing CEUs for MCIR training workshops

Contributed by Karen McGettigan, Region 2 MCIR Coordinator

MCIR Region 2, which includes the counties of *Allegan, Berrien, Branch, Calhoun, Cass, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Muskegon, Ottawa, St. Joseph, and Van Buren,* is now providing Continuing Education Units (CEUs) for MCIR trainings. The training falls under Rule 2 (l) (Workshops) for the Continuing Education Requirements for Michigan Nurses. Nurses can apply a maximum of 10 CEUs in the workshop category every two years toward licensure renewal. MCIR Region 2 workshop attendees will get a certificate designating the workshop attended and the number of CEUs provided. There are three training levels available; each level provides one to three CEUs. To schedule a training workshop, call your Region 2 MCIR coordinator today. Call 1-888-217-3901 for more information.

Did you do your spring cleaning yet?

When was the last time your practice's immunization records received a thorough cleaning? You can have Michigan Department of Community Health (MDCH) AFIX staff assist you with this project (an explanation of AFIX, as well as contact information, is provided in the article to the left). Let AFIX help! Not only can the MDCH AFIX staff conduct an immunization assessment, they can also assist you in identifying and weeding out patient records that are cluttering up your active medical records department (i.e., patients who have moved out of your area or gone elsewhere for health care). Furthermore, with your permission, the data collected from the charts will be compared to the data in the Michigan Childhood Immunization Registry (MCIR), and doses will be added into MCIR when appropriate.

During the feedback meeting, proven methods for improvement will be discussed, including ways to tidy up your office's immunization process, clean up your documentation, and toss out your bad habits. At the feedback meeting, MDCH AFIX staff will discuss the assessment results with you and outline resolutions to maintain an efficient immunization practice.

MDCH: DCH-0591 (8/96)
Auth: P.H.S. , Act 42, Sect 317, as amended, 1978

Are vaccinations worth the risks?

Reprinted from the Immunization Action Coalition's on-line newsletter, the IAC Express (Issue 288, December 31, 2001). This is an abridged version.

Written by David Keller, M.D., former Chief of the Infectious Disease Epidemiology Program with the New Mexico Department of Health and parent. Dr. Keller is now a private-practice infectious-disease physician in the Seattle area.

Should I vaccinate my child or not? That's a question that many parents agonize over. When they look for guidance on the issue, they are likely to find a wide range of opinions: the medical/public health establishment says one thing, many practitioners of alternative medicine say another. How does one go about deciding what to do?

Scientists make decisions based on observations – i.e., data – and careful analysis of that data. Data from many studies lead the overwhelming majority of public health experts to the conclusion that the use of vaccines has prevented – and will continue to prevent – tens of thousands of deaths and millions of episodes of diseases in children in the U.S. alone. The principal human cost of that decrease in death and disease has been a comparatively small number of cases of serious vaccine-related adverse events. While those adverse events are clearly tragic, the final accounting is simple: in a data-based decision about vaccine use, the benefits overwhelmingly outweigh the costs and thereby support routine vaccination of children.

But, while scientists and public health personnel make decisions based on data, many persons are more likely to use their intuition and their feelings in making choices. I understand that approach all too well; I have a toddler, and when I have to hold him down for the vaccinating needle, the data become – at that moment – less real to me than my feelings as a parent. So, while my knowledge of the data about vaccination influences me greatly, I have also listened to my intuition and my feelings when making decisions about vaccinating my child.

My intuition suggests that it is reckless to deliberately inject a potentially harmful, foreign substance into my son's body. In reality, though, nature places foreign substances – foodstuffs, pollen, and infectious agents, for example – in his body all the time. Some of those are harmless, but others can be deadly. By using vaccines, I can carefully introduce into his body substances that mimic harmful foreign substances (i.e., bacteria and viruses) and, in so doing, teach his immune system to protect him from potentially deadly diseases (and avoid the use of antibiotics and other drugs). Intuitively, that sounds like great idea; empirically, the data show that it is, indeed, a great idea. What is my intuition-based decision? Vaccinate.

Emotionally, it is hard for me to participate in causing my son pain, and it is particularly hard for me to think that the act of vaccinating him may result in an adverse reaction. But when I recall some of the pain and devastation that I have observed as a result of vaccine-preventable diseases, it's much easier for me to proceed with vaccination. I have seen, for example, children with brain injury resulting from not being able to breathe during spells of whooping cough (pertussis). I have seen children and adults unable to walk or even speak their names because of severe brain damage resulting from *haemophilus influenzae* type b (Hib) meningitis (which was, before the availability of Hib vaccines, the most common cause of mental retardation acquired after birth). Finally, I have heard my grandmother's grief after losing her four-year-old daughter to diphtheria—she mourned the child the rest of her life, and for years she was afraid to let her other children out of her sight. These are heart-rending scenarios, now preventable. What is my emotion-based decision? Vaccinate.

When I drop my son off at his day-care site, I often think of how lucky I am that he is able to be protected from diseases that regularly wiped out families just a generation ago. I also think of the diseases he is still susceptible to – meningococcal meningitis, for example, and (until recently) drug-resistant pneumococcal disease – and I wish for new vaccines that will protect him from those terrifying infections. As a public-health physician, I know that the diseases he has been vaccinated against – ones that some persons think are too rare to worry about (such as measles, polio, and whooping cough) – are kept in check only because most parents agree to vaccinate their children, thereby keeping the rates of those diseases low. When vaccination rates are allowed to decline, those diseases can come back in devastating outbreaks. This has happened over and over in the U.S. and elsewhere, such as with the measles outbreaks in the U.S. in the late 1980s, pertussis in the United Kingdom, and others.

If we all join in the effort and achieve high rates of vaccination, then some of these diseases can literally be wiped from the earth, in the same way that smallpox was completely eliminated through a worldwide vaccination campaign. Elimination of the diseases means elimination of the need for vaccinations as well; surely that's a goal no one can argue against.

No evidence that multiple immunizations overwhelm or weaken the immune system

Reprinted from California's Immunization Update newsletter, February 8, 2002

In a recent publication *(Pediatrics* 2002;109:124-9), Dr. Paul Offit, et al. review the strong evidence that the theoretical concern that multiple vaccines, especially if administered at the same time, might somehow overwhelm or weaken infants' immunization systems is unfounded. Among the evidence marshaled and points made by Offit and his colleagues in this article are the following:

- From the time of birth newborn infants are well equipped with both humoral (antibody) and cellular immune system capacity. They have to be, since during the birth process they are exposed to microbes in the mother's birth canal, and within hours of birth their GI tracts are heavily colonized with bacteria.
- Young infants are fully capable of generating protective humoral and cellular immune system responses to multiple vaccines administered simultaneously. These responses are similar regardless of whether the different vaccines are administered on the same day or weeks apart. Projections based on known features of infants' immune systems are that they could respond adequately to literally thousands of vaccines given at the same time.
- Development of protective immune responses to standard vaccines is not impaired by the presence, at the time of vaccine administration to infants, of fever, upper respiratory tract infection, otitis media, skin infection, or diarrhea.
- Children who were immunized with standard vaccines, in the first few months of life have, if anything, fewer infections (including non-vaccine preventable infections) than children who have not been immunized.

While children of today receive more standard vaccines than they did 40 years ago (when the standard vaccines were whole-cell DTP, polio, and smallpox vaccines), because today's vaccines are engineered with modern techniques to contain many fewer substances, e.g., proteins, today's children are actually exposed to fewer antigens (immune system stimulating agents) through immunization than were children 40 years ago.

The *Michigan Immunization Update*

The *Michigan Immunization Update* can now be sent to your desk via e-mail as an Adobe Acrobat pdf file. If you do not already have Adobe Acrobat Reader, this free software program is available on the Internet at www.adobe.com/products/acrobat/readstep2.html.

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Have you moved?

To change your address, fax us both your old and new address, indicating which one is the new address.

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Do you want to be added to our mailing list to receive future issues of the newsletter?

Fax us your complete name and home address and we'll add you to our mailing list to receive a copy of the newsletter through regular mail.

All address changes, corrections, and additions should be faxed to Darcy Wildt at fax # 517-335-9855.

For questions concerning address changes, corrections, and additions call Darcy Wildt at 517-335-9486 or e-mail WildtD@michigan.gov.

You may direct any other questions regarding the *Michigan Immunization Update* to Rosemary Franklin by calling 517-335-9485 or e-mail FranklinR@michigan.gov.

New study finds no link between childhood vaccines and risk of juvenile diabetes

Reprinted from the Immunization Action Coalition's on-line newsletter, the IAC Express (Issue 287 December 21, 2001)

According to an article in the December 2001 issue of Pediatrics (vol. 108, no. 6), researchers "did not find an increased risk of type 1 diabetes associated with any of the routinely recommended childhood vaccines." Most previous studies investigating (but also not finding) a possible link between vaccines and type 1 (juvenile) diabetes were conducted before 1990 and therefore did not include all of the currently recommended childhood vaccines. A large, population-based study was recently conducted to provide data on newer vaccines, including hepatitis B, acellular pertussis, and varicella vaccines. In addition, the new study evaluated the suggested possibility that timing of hepatitis B vaccination could be related to the risk of diabetes in children.

"Childhood Vaccinations, Vaccination Timing, and Risk of Type 1 Diabetes Mellitus" was written by Frank DeStefano, M.D., National Immunization Program, Centers for Disease Control and Prevention; John P. Mullooly, Ph.D., Center for Health Research, Northwest Kaiser Permanente; Catherine A. Okoro, M.S., National Immunization Program; Robert T. Chen, National Immunization Program; and eight other authors. In the large, population-based, case-control study, 252 patients with confirmed diabetes (physician's diagnosis plus treatment with daily insulin injections) were compared with 768 matched control patients. The vaccination histories of cases and controls were similar. Statistical analysis consisted of conditional logistic regression to estimate the odds ratio (OR) of diabetes being associated with vaccination (and, for hepatitis B, with timing of vaccination).

The researchers concluded, "The results of our study and the preponderance of epidemiologic evidence do not support an association between any of the recommended childhood vaccines and an increased risk of type 1 diabetes. Suggestions that diabetes risk in humans may be altered by changes in the timing of vaccinations also are unfounded."

MDCH offers free programs

Hepatitis A-E – contact Pat Fineis at 800-964-4487 or 517-335-9443

Physician Peer Education – contact Rosene Cobbs at 517-353-2596

Immunization Update for Office Staff – contact Darcy Wildt at 517-335-9486

Immunization assessment of your practice (AFIX) – contact Stephanie Sanchez at 517-335-9011

Number of reported cases of vaccine-preventable diseases, Michigan 2001

Disease	Total cases 2001	Total cases 2000
Congenital rubella syndrome (CRS)	0	0
Diphtheria	1	0
H. influenzae invasive disease	14	11
Hepatitis B	618	427
Measles	0	3
Mumps	5	7
Pertussis	149	127
Poliomyelitis	0	0
Rubella	0	0
Tetanus	0	3

CDC revises *General Recommendations on Immunization*

On February 8, 2002, the Centers for Disease Control and Prevention (CDC) published the *General Recommendations on Immunization* in the Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports Series (vol. 51, no. RR-2).

It is highly recommended that all health care settings that administer vaccines keep a copy of the *General Recommendations on Immunization* with their other essential immunization reference materials and that clinic staff be encouraged to read it.

The report gives critical information in a concise format. Two examples of tables that your practice will refer to again and again are Table 1, *Recommended and minimum ages and intervals between vaccine doses,* and Table 5, *Guide to contraindications and precautions to commonly used vaccines*.

Instructions on taking an exam on the new recommendations for continuing education credit are also included.

This report is a revision of the *General Recommendations on Immunization* and updates the 1994 statement by the Advisory Committee on Immunization Practices (ACIP) (MMWR 1994;43 [No. RR-1]:1-38). The principal changes include expansion of the discussion of vaccination spacing and timing, recommendations for vaccinations administered by an incorrect route, information regarding needle-free injection technology, vaccination of children adopted from countries outside the United States, timing of live-virus vaccination and tuberculosis screening, expansion of the discussion and tables of contraindications and precautions regarding vaccinations, and addition of a directory of immunization resources. These recommendations are not comprehensive for each vaccine. The most recent ACIP recommendations for each specific vaccine should be consulted for additional details.

This report, ACIP recommendations for each vaccine, and other information regarding immunization can be accessed at CDC's National Immunization Program website at http://www.cdc.gov/nip

To obtain the complete text of the *General Recommendations on Immunization* online, go to:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5102a1.htm

To obtain a camera-ready (PDF format) copy of the *General Recommendations on Immunization*, go to: http://www.cdc.gov/mmwr/PDF/rr/rr5102.pdf

Flu season 2002-2003

To stay up to date with the flu vaccine situation, stay tuned to the CDC website at: http://www.cdc.gov/nip/flu

CDC National Immunization Program offers free resources

Free immunization materials are available from CDC, and the quickest and easiest way to get them is through their website at:

www.cdc.gov/nip/publications

All online orders are processed within 48 hours, so ordering through the web is definitely the quickest way to go. Be sure to check out this website.

The CDC National Immunization Program hotline is also an option; call (800) 232-2522 to speak to an information specialist. Hours: 8 am to 11 pm EST Mon-Fri (voice mail available at all other times).

CDC experts also available through e-mail

Experts at the CDC National Immunization Program are available to answer tough immunization questions. Health care providers can e-mail nipinfo@cdc.gov and submit written questions regarding any immunization and vaccine issues. Questions on topics from immunization schedules to vaccine safety will be answered by CDC staff.

Will 4-day grace period affect your practice?

In a word, no. The revised *General Recommendations on Immunization* (recommendations of the Advisory Committee on Immunization Practices and the American Academy of Family Physicians) were published in Morbidity and Mortality Weekly Reports on February 8, 2002. One of the new recommendations addresses whether doses that are given before the minimum recommended interval has elapsed can be counted as valid (that is, the dose is in compliance with minimum age and interval recommendations made by ACIP).

The applicable text from the *General Recommendations* follows:

> In clinical practice, vaccine doses occasionally are given at intervals less than the minimum interval, or at ages younger than the minimum age. Doses given too close together or at too young an age lead to a sub optimal immune response. However, administering a dose a limited number of days earlier than the minimum interval or age is unlikely to have a substantially negative effect on the immune response to that dose. Therefore, ACIP recommends that vaccine doses administered $\leq$ 4 days before the minimum interval or age be counted as valid.† However, because of its unique schedule, this recommendation does not apply to rabies vaccine. Doses administered $\geq$ 5 days earlier than the minimum interval or age should not be counted as valid doses and should be repeated as age appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval as defined in the *General Recommendations*. For example, if *Haemophilus influenzae* type b doses one and two were administered only 2 weeks apart, dose two is invalid and should be repeated. The repeat dose should be administered $\geq$ 4 weeks after the invalid (second) dose. The repeat dose would be counted as the second valid dose. Doses administered $\geq$ 5 days before the minimum age should be repeated on or after the date the child reaches the minimum age and $\geq$ 4 weeks after the invalid dose. For example, if varicella vaccine were administered at 10 months, the repeat dose would be administered no earlier than the child's first birthday.

The *General Recommendations* also contains the following footnote:

> In certain situations, local or state requirements might mandate that doses of selected vaccines be administered on or after specific ages. For example, a school entry requirement may not accept a dose of MMR or varicella vaccine administered before the child's first birthday. ACIP recommends that physicians and other health-care providers comply with local or state vaccination requirements when scheduling and administering vaccines.

Michigan's *Communicable Disease Administrative Rules* provide specific requirements for minimum ages at which certain vaccines must be given. At the November 7, 2001, meeting of the Michigan Advisory Committee on Immunization (MACI), the committee voted not to support amending Michigan's *Communicable Disease Administration Rules* and not to support implementation of the 4-day grace period in Michigan. A dose of vaccine given earlier than the minimum age will not be counted as valid in Michigan. For example, if a dose of MMR or varicella vaccine is administered before the first birthday, it will not be considered a valid dose.

A medical waiver from a physician does not make a dose that is given too early a valid dose. A medical waiver from a physician or philosophical or religious waivers from parents are mechanisms that enable a child to enter a school or childcare program. Waivers do not change the way assessments are done. Children with waivers will continue to be shown as incomplete in both SIRS (School Immunization Record-keeping System) and MCIR (Michigan Childhood Immunization Registry). Under Michigan's *Communicable Disease Administrative Rules*, a child in Michigan with a waiver is considered incomplete for the vaccine series and not protected from the disease for which the waiver is submitted. The recommendation in Michigan would be to re-vaccinate the child based on minimum intervals found in the Recommended Childhood Immunization Schedule and supported in Michigan's *Communicable Disease Administrative Rules*.

CDC's MMWR: Get your free electronic subscription

Go to www.cdc.gov/mmwr, select *Free MMWR Subscription* from the menu at the left of the screen, and follow the directions. It's that easy!

Giving hepatitis B vaccine to all newborns

Giving hepatitis B vaccine to all newborns will protect and save lives. Currently 83 of 102 birthing hospitals in Michigan have implemented or reinstated policies that require physicians to offer all newborns the hepatitis B vaccine prior to discharge. We would like to recognize these hospitals for their efforts to help prevent perinatal hepatitis B infection:

Allegan General Hospital
Battle Creek Health Systems
Bay Medical Center
(William) Beaumont Hospital/Troy
Bell Memorial Hospital
Bi-County Hospital
Borgess/Pipp Health Center
Borgess Medical Center
Botsford General Hospital
Bronson Methodist Hospital
Carson City Hospital
Clinton Memorial Hospital
Community Health Center of Branch County
Community Hospital/Watervliet
Covenant Health Care System
Crittenton Hospital
Foote Memorial Hospital
Garden City Osteopathic Hospital
Genesys Regional Medical Center
Grand View Hospital
Gratiot Community Hospital
Hackley Hospital Medical Center
Hayes Green Beach Hospital
Henry Ford Hospital/Detroit
Henry Ford Wyandotte Hospital
Hillsdale Community Health Center
Holland Community Hospital
Hurley Medical Center Hospital
Huron Memorial Hospital
Huron Valley/Sinai Hospital
Hutzel Hospital
Ingham Regional Medical Center
Ionia County Memorial Hospital
Keweenaw Memorial Medical Center
Lakeland Medical Center/St. Joseph
Lakeland Regional Health Systems/ Niles
Lakeshore Community Hospital
Lapeer Regional Hospital
Lenawee Health Alliance/Herrick
McKenzie Hospital
McLaren Regional Medical Center
McPherson Hospital
Mecosta County General Hospital
Memorial Medical Center of West Michigan
Mercy General Health Partners
Mercy Health Services/Cadillac
Mercy Health Services/Grayling
Mercy Hospital/Port Huron
Mercy Memorial Hospital
Metropolitan Hospital
Mid-MI Regional Medical Center/ Clare
Mt. Clemens General Hospital
Munson Medical Center
North Oakland Medical Center
Oakwood Hospital-Annapolis Center
Oakwood Hospital and Medical Center
Otsego Memorial Hospital
Owosso Memorial Healthcare Center
Pennock Hospital
Port Huron Hospital
Portage Health System
Riverside Osteopathic Hospital
Sinai/Grace Hospital
St. Francis Hospital
St. John Detroit Riverview Hospital
St. John Macomb Hospital
St. John River District Hospital
St. Joseph Health System
St. Joseph Mercy Hospital/Ann Arbor
St. Joseph Mercy Hospital/Clinton Twp.
St. Mary's Hospital/Livonia
St. Mary's Mercy Medical Center
South Haven Community Hospital
Spectrum Health/Blodgett Campus
Spectrum Health/Butterworth Campus
Sturgis Hospital
Three Rivers Area Hospital
United Memorial Hospital
University of MI Hospitals & Health Centers
War Memorial Hospital
West Branch Regional Medical Center
West Shore Hospital
Zeeland Community Hospital

If your hospital is not listed here and your physicians have a policy of offering hepatitis B vaccine to all newborns before discharge, let us know by calling Pat Fineis at 517-335-9443 or 800-964-4487 so that we can publicly acknowledge your commitment.

Updated 2002 Alliance for Immunization in Michigan (AIM) Tool Kit now available

The Alliance for Immunization (AIM) Provider Tool Kit contains up-to-date tools and information for health care professionals who administer vaccines to their patients, including the Recommended Childhood Immunization Schedule for 2002, information on proper storage and handling of vaccines, documentation resources and much more. This kit is made up of several folders of materials and includes separate tabs on *Childhood/Teen Immunization*, *Adult Immunization*, *Talking to Families about Immunization*, and *Vaccine Storage and Resources*.

The *Talking to Families about Immunization* folder is a new addition to this year's AIM Kit. This folder contains resources that will help you answer parents' questions about vaccine safety and other immunization questions or will point you in the right direction toward more comprehensive resources.

You'll want to spend a little time familiarizing yourself with the new kit so that you'll be able to make the best use of the many resources it contains.

When you receive your new AIM Kit, be sure to fill out and mail the postage-paid survey postcard that you will find on the outside of the front cover. We want to hear from you – it will take you only a minute to complete the card and drop it in the mail. Also, when you receive your new kit, please recycle your old AIM Kit, thereby ensuring that you are using only the most up-to-date information.

The new AIM Kits are available now. To order your free AIM Kit, use the MDCH Clearinghouse order form provided in the back of this newsletter or call 1-888-76-SHOTS.

To all the sponsors who funded the 2002 AIM Kit, thank you for making this year's kit possible. We appreciate your support. We couldn't do it without you!

Thanks to the following AIM Kit sponsors:

Aventis Pasteur

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Sinai-Grace Hospital/Detroit Medical Center

University of Michigan C.S. Mott Children's Hospital

West Michigan Regional Delivery Network

Wyeth-Lederle Vaccines

If your organization's name is not included in this list, would you consider becoming a sponsor of next year's AIM Kit? To get information on how your organization could become a sponsor for the 2003 AIM Kit, call Nancy Fasano at 517-335-9423.

AIM Kit order form on pages 17-18

Michigan Department of Community Health (MDCH) Clearinghouse order form for free immunization brochures and materials

To order the materials listed below, fax this form to the MDCH Clearinghouse at 517-699-2376. Inquiries about specific orders that have already been placed can be directed to the MDCH Clearinghouse at 1-888-76-SHOTS. All other inquiries should be directed to Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov.

When filling out this order form, please note that most of these brochures are revised annually. Therefore, we recommend that you order only enough to last two to three months. All orders for brochures are limited to 500 per organization or office, unless otherwise stated. However, limits may also be lowered due to availability of supply.

If you have a special need and you would like to request any amounts in excess of the limits, please refer to the directions at the end of the next page.

Name:	
Company:	
Street address:*	
City:	**State: MI**** **Zip code:**
Phone no.:	

*** Reminder: We cannot ship to P.O. boxes.** ** Materials are available to Michigan residents only.

Please enter quantity for each requested item.

Quantity needed	Materials for health care providers
(Limit of 1 per office)	**Alliance for Immunization in Michigan (AIM) Provider Tool Kit, 2002** This packet contains the most up-to-date tools and information for health care professionals who administer vaccines to their patients, including the Recommended Childhood Immunization Schedule for 2002, information about contraindications for vaccination and proper storage and handling of vaccines techniques, documentation resources and much more. This kit is made up of several folders of materials and includes separate tabs on Childhood/Teen Immunization, Adult Immunization, Vaccine Storage & Handling/Resources, and Talking to Families about Immunization.

Quantity needed	Materials for health care providers
(Limit of 5,000 cards per office)	**Adult Immunization Record Card** We recommend that you provide an adult immunization record card to all your adult patients as you give them immunizations. Although the limit on this item is 5,000, we ask that you do not stockpile. Please order only enough to get you through this flu season.

Materials for patient education

Brochures for children and adolescents	
	Immunize Your Little Michigander
	Vaccine Safety – What parents need to know
	Are you 11-19 years old? Then you need to be protected against some serious diseases

Brochure for adults	
	Immunizations – They're not just for kids. Are you protected?

Brochures about hepatitis	
	The Dangers of Hepatitis B: What they are, How to avoid them
	Hepatitis, What you need to know. (This brochure discusses hepatitis A, B, and C.)

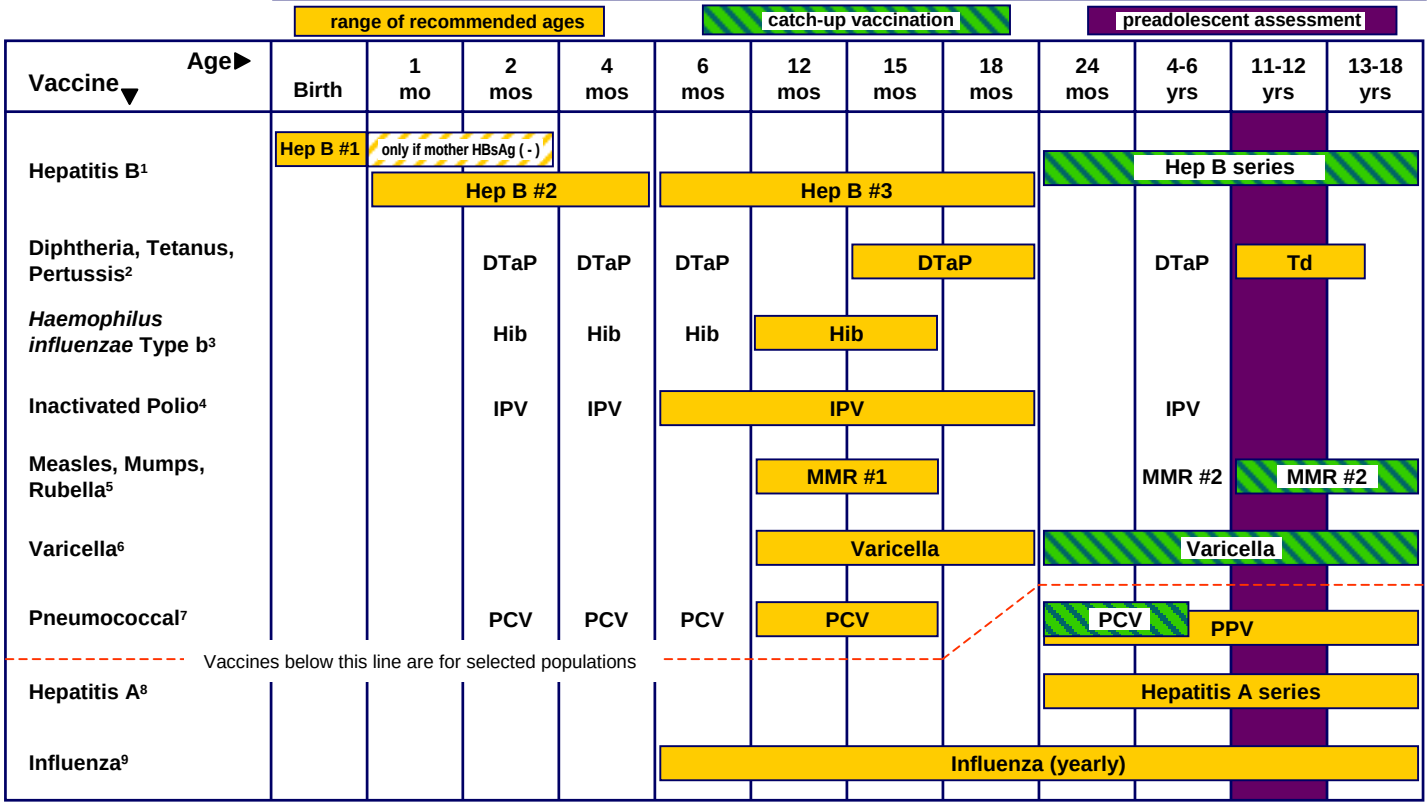
Limits and exceptions

If you have a special need or would like to request any amounts in excess of the limits, please contact Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov.

Michigan Department of Community Health
MDCH

Revised May 22, 2002

Recommended Childhood Immunization Schedule
United States, 2002



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2001, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

1. Hepatitis B vaccine (Hep B). All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is HBsAg-negative. Only monovalent hepatitis B vaccine can be used for the birth dose. Monovalent or combination vaccine containing Hep B may be used to complete the series; four doses of vaccine may be administered if combination vaccine is used. The second dose should be given at least 4 weeks after the first dose, except for Hib-containing vaccine which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 6 months.

Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1-2 months and the vaccination series should be completed (third or fourth dose) at age 6 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the hepatitis B vaccine series within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week).

2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15-18 months. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months, but can be used as boosters following any Hib vaccine.

4. Inactivated polio vaccine (IPV). An all-IPV schedule is recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at ages 2 months, 4 months, 6-18 months, and 4-6 years.

5. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11-12 year old visit.

6. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children, i.e. those who lack a reliable history of chickenpox. Susceptible persons aged ≥ 13 years should receive two doses, given at least 4 weeks apart.

7. Pneumococcal vaccine. The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children age 2-23 months. It is also recommended for certain children age 24-59 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9);1-35.

8. Hepatitis A vaccine. Hepatitis A vaccine is recommended for use in selected states and regions, and for certain high-risk groups; consult your local public health authority. See *MMWR* 1999;48(RR-12);1-37.

9. Influenza vaccine. Influenza vaccine is recommended annually for children age ≥ 6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes; see *MMWR* 2001;50(RR-4);1-44), and can be administered to all others wishing to obtain immunity. Children aged ≤12 years should receive vaccine in a dosage appropriate for their age (0.25 mL if age 6-35 months or 0.5 mL if aged ≥ 3 years). Children aged ≤ 8 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

For additional information about vaccines, vaccine supply, and contraindications for immunization, please visit the National Immunization Program Website at www.cdc.gov/nip or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).

MCIR Regional Contacts

REGION 1 **City of Detroit; Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties**

Contact: Dan Lafferty
Phone: 313-873-0840

REGION 2 **Ionia, Kent, Muskegon, and Ottawa Counties**

Contact: Nancy Deising
Phone: 616-336-3971

Branch, Calhoun, Hillsdale, Jackson, Lenawee and St. Joseph Counties

Contact: Laura Rappaleye
Phone: 517-796-4402

Allegan, Berrien, Cass, Kalamazoo, and Van Buren Counties

Contact: Karen McGettigan
Phone: 616-373-5142

REGION 3 **Barry, Clinton, Eaton, Gratiot, Ingham, and Montcalm Counties**

Contact: Andrea Tabor
Phone: 517-831-5237

REGION 4 **Bay, Genesee, Huron, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, and Tuscola Counties**

Contact: Wendy Nye
Phone: 810-257-3562

REGION 5 **Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Oscoda, Osceola, Otsego, Presque Isle, Roscommon, and Wexford Counties**

Contact: Sharon Polek
Phone: 231-592-0130

REGION 6 **All Upper Peninsula Counties (Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties)**

Contact: Julie Clark
Phone: 906-786-4111

2002 IMMUNIZATION TRAINING OPPORTUNITIES

- **August 15**
  Immunization Update - CDC satellite course
  9:00 am – 11:30 am and 1:00 pm – 3:30 pm
  Visit www.phppo.cdc.gov/phtn/default.asp for more details and to register.

- **October 2**
  Michigan Regional Immunization Conference – Gaylord
  Keynote Speaker: William L. Atkinson, M.D., M.P.H

- **October 4**
  Michigan Regional Immunization Conference – Marquette
  Keynote Speaker: William L. Atkinson, M.D., M.P.H.

- **October 9**
  Michigan Regional Immunization Conference – East Lansing
  Keynote Speaker: Sharon G. Humiston, M.D., M.P.H.

- **October 11**
  Michigan Regional Immunization Conference – Kalamazoo
  Keynote Speaker: Sharon G. Humiston, M.D., M.P.H.

- **October 29**
  Michigan Regional Immunization Conference – Troy

- **October 30**
  Michigan Regional Immunization Conference – Ypsilanti
  Keynote Speaker: Howard Weinblatt, M.D.

- **December 5**
  Surveillance of Vaccine-Preventable Diseases – CDC satellite course
  12:00 pm – 3:30 pm
  Visit www.phppo.cdc.gov/phtn/default.asp for more details and to register.

Continuing education credits are offered to participants.

Questions? Call Rosemary Franklin at 517-335-9485 or Darcy Wildt at 517-335-9486.

Revised 6/4/02

Epidemiology and Prevention of Vaccine-Preventable Diseases, 7th Edition

NEW EDITION NOW AVAILABLE

"The Pink Book"

The Centers for Disease Control and Prevention is pleased to announce publication of the 7th edition of "Epidemiology and Prevention of Vaccine-Preventable Diseases. "

"The Pink Book" provides physicians, nurses, nurse practitioners, physician assistants, pharmacists, and others with comprehensive information on vaccine-preventable diseases. The book also provides the latest information on general recommendations on immunizations, immunization strategies for health care practices and providers, strategies to increase vaccination, revised vaccine recommendations, and vaccine safety.

Epidemiologic information has been updated in all chapters and new and revised schedules and tables are be included in the Appendices. Disease-specific chapters includes anthrax, diphtheria, hepatitis A, hepatitis B, Hib, influenza, measles, mumps, pertussis, pneumococcal disease, poliomyelitis, rubella, smallpox, tetanus, and varicella.

CDC
SAFER · HEALTHIER · PEOPLE

Item No. RM-021 Price: $25.00 + shipping

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Mail: Send your order with check, money order, purchase order, or credit card information to: Public Health Foundation, Publications Sales, P.O. Box 753, Waldorf, Maryland 20604

Telephone: Telephone orders accepted with Visa, MasterCard, American Express, or Discover credit card. Call toll free: 877-252-1200 and a Customer Service Rep will assist you between 9:00 AM and 5:00 PM (ET), Monday through Friday. For international orders, call (301) 645-7773.

Online Bookstore: www.phf.org

Fax: Purchase orders and credit card orders may be faxed to (301) 843-0159.

SHIPPING CHART

No. of Items	U.S.	Canada	Intl.
1-2	$5.50	$9.00	$25.00
3-5	$7.50	$13.25	$40.00
6-15	$15.00	$19.00	Call
16-25	$23.00	$28.00	Call
26-50	$45.00	$49.00	Call
51-75	$70.00	Call	Call
76+	Call	Call	Call

Immunization Assessment

Fact Sheet

Beginning in the 2002/03 school year, the immunization status of all 6th grade students in Michigan will be assessed. This will assure that they are adequately immunized against preventable diseases before they reach adolescence.

Some of the reasons to be concerned about the immunization status of these children are:

- Vaccine-preventable diseases are still with us. In many cases, they may cause disability or death.
- Hepatitis B is the most common cause of liver cancer in the U.S. Approximately 90% of the newly reported cases of hepatitis B each year are in adolescents and young adults.
- Varicella vaccine is recommended for children and adolescents who have not yet had the chickenpox (varicella) disease. Complications from chickenpox are much higher in persons over 13 years of age.
- According to a 1999 report, only 52% of U.S. adolescents enrolled in health plans are fully immunized.

Public Act 89 of 2000 mandates that an immunization assessment be done on each student enrolled in 6th grade for the first time, beginning with the 2002/03 school year.

Schools have been required by Public Act 368 of 1978 to collect and report the immunization records of all new enterers to their school district each year in November and February. Therefore, schools should have on file the records of all 6th grade students in their district. However, updates for these records or additional immunizations may be needed to bring 6th grade students into compliance with the requirements of Public Act 89.

All schools in the state of Michigan, in which 6th grade students are enrolled, will submit the immunization records of 6th grade students in November and February of each year (in addition to the records of all kindergartners and new enterers to their school district).

6th grade students are required to have received the following vaccines:

- ✓ Complete series of diphtheria/pertussis/tetanus vaccine (DTaP, DTP, DT or Td), with one dose in the last 10 years *
- ✓ 3 doses of polio vaccine
- ✓ 3 doses of hepatitis B vaccine
- ✓ 2 doses of MMR vaccine
- ✓ 1 dose of varicella vaccine (unless child received the 1st dose on or after 13th birthday, when 2 doses are needed) or has a history of varicella (chickenpox) disease. If varicella vaccine was administered after the 1st birthday and prior to the 13th birthday, only one dose is required.

*For the 2002/03 school year, the booster dose of Td vaccine has been suspended due to a nation-wide shortage of the vaccine. Physicians are encouraged to keep lists of people needing routine vaccination with Td to be recalled when the vaccine becomes available.

MDCH

4/19/02

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Michigan's varicella coverage below national average

Nationally, 63 percent of 19-35 month olds have received one dose of varicella vaccine (CDC National Immunization Survey, June 2000), while in Michigan only 56 percent of children in the same age group have received the vaccine.

Group A Strep and varicella: What's the connection?

The risk of developing invasive Group A Strep (GAS) infection is about 50 times higher after chickenpox than at any other point in a child's life. In the last decade, there have been increasing reports of GAS infections complicating varicella. The mortality rate for invasive Group A Strep is about 15-20 percent. Laupland, et al. concluded that universal chickenpox vaccination could prevent up to 10 percent of all pediatric GAS disease.

This child appears to have a relatively mild case of chickenpox. However, no one can predict which children will come down with complications from chickenpox.

Avoiding future adult susceptibility

Failing to vaccinate children against varicella creates the potential for a population of adults who are susceptible. Varicella is much more likely to be a serious disease in adults with a greater risk of complications. In addition, most adults with serious varicella disease contract it from an unvaccinated child.

References: Laupland, K.B., et al. "Invasive group A streptococcal disease in children and association with varicella-zoster virus infection," *Pediatrics*, Volume 105, Number 5. May 2000.

Ready for the next influenza pandemic?

Lancet (www.thelancet.com) (03/30/02) Vol. 359, No. 9312, P.1133; McConnell, John

At last month's International Congress on Infectious Diseases, experts discussed the threat of an influenza pandemic. According to Klaus Stohr of the World Health Organization, the international health community is not prepared for a major outbreak of the disease. On average, major influenza outbreaks occur every 25 years, but it has been almost 34 years since the last pandemic took place. During past pandemics, at least 25 percent to 30 percent of the population in any particular location became sick, of whom 6 percent developed pneumonia, 1 percent had to go to the hospital, and 0.6 percent died. The next pandemic may differ from preceding ones due to the availability of antiviral drugs, the rapid speed of global distribution of disease, and the larger population now at risk. Stohr says that the world currently faces an extreme shortage of antiviral medications and vaccines; an absence of policies for antiviral and vaccine use; and a lack of hospital, regional, and national contingency plans. Stohr added that there are also no international or national agreements on meeting demand for antimicrobial and antiviral medications, or on the time frame for increasing vaccine production.